

# ATLANTA PYROTECHNICS INTERNATIONAL, INC

P. O. BOX 4443  
Marietta, GA 30061

(770) 919-8100 Office  
(770) 919-8101 Fax

May 15, 2013

City of Asheville  
Fire Department  
161 Charlotte Street  
Asheville NC 28801  
Attn: Jeff Payne

RE: Fireworks Program for each date Friday July 5, 2013 and Friday July 12, 2013 at 9:30 PM

Dear Jeff,

Please note below the following show outline:

<u>Shell</u>	<u>Qty</u>	<u>Type</u>
3"	320	Aerial Display Shells
4"	93	" " " "
5"	69	" " " "
6"	39	" " " "

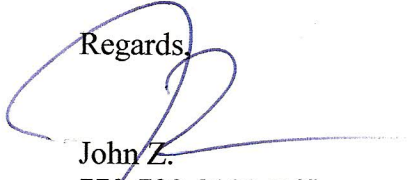
Operator John Zayicek – 32 + years experience, 250 + Shows.  
Alternate Operator Jeffrey Grey – 15 + years experience, 60 + Shows.

This will be the same show set-up in the same area as July 7, 2012. We will follow all of the same protocols as last July.

Enclosed are the attachments for the application.

Please call me with any questions.

Regards,

  
John Z.  
770-790-8100 Office  
404-790-0700 Cell  
atlantapyrotechnics@comcast.net

Attachments



ATLAN-1

OP ID: BJ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> J. P. & Associates, Inc. 5629 W North Avenue Milwaukee, WI 53208	<b>Phone:</b>	<b>CONTACT NAME:</b>	
	<b>Fax:</b>	<b>PHONE (A/C, No, Ext):</b> 414-871-9040	<b>FAX (A/C, No):</b>
<b>INSURED</b> Atlanta Pyrotechnics Int'l, Inc PO Box 4443 Marietta, GA 30061	<b>E-MAIL ADDRESS:</b> Ext 110		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Evanston Insurance Co.		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			SP855739	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ Included
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Display Date: July 5, 2013, July 12 & August 31, 2013 or alternate date

Display Site: Grove Park Inn Golf Course

Additional Insured: The Grove Park Inn Resort & Spa;

GPI Hotel Operating Co., Inc.; KSL GPI Management, NC;

City of Asheville NC

**CERTIFICATE HOLDER****CANCELLATION**

City of Asheville, NC  
P.O. Box 7148  
Asheville, NC 28802

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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GAOUE PARK INN

HOTEL

290 MACON AVE



SINUS SET UP  
25" 3" 4" 5" 46"

SINUS

SINUS  
JULY 7, 2012

ATLANTA PYROTECHNICS INT'L, INC.

P.O. BOX 4443

MARIETTA, GA 30061-4443

★ JULY 5, 2013

★ JULY 12, 2013

6:21 PM



**ASHEVILLE FIRE & RESCUE DEPARTMENT  
FIRE MARSHAL'S OFFICE  
OUTDOOR FIREWORKS APPLICATION**

Applicant: ATLANTA PYROTECHNICS INT'L INC Date: MAY 15, 2013

Mailing Address: PO BOX 4443 MARIETTA, GA 30061

Phone: (770) 919-8100 Fax: (770) 919-8101

Pyrotechnic Co. Name: ATLANTA PYROTECHNICS INT'L, INC.

Mailing Address: P.O. BOX 4443 OFFICE 770 919-8100  
FAX 770-919-8101  
MARIETTA, GA 30061-4443

Phone: ( ) Fax: ( )

Date of Discharge: FRI JULY 5, 2013 AM Starting Time for Discharge: 9:30 PM  
FRI JULY 12, 2013 9:30 PM

Location of Discharge: GRUVE PARK INN 290 MARION AVE, ASHEVILLE - GOLF COURSE  
SAME LOCATION AS JULY 2012

Contact Person or Shooters Name at Discharge Site: JOHN ZIMMER NC OPERATOR 1394  
OR JEFF GREY NC OPERATOR 1592

**CONDITIONS**

- All provisions of NFPA 1123, Outdoor Display of Fireworks, shall be met. ✓
- A bond or certificate of insurance in the amount of one million dollars with the City of Asheville named as co-insured shall accompany this application. ✓
- Approval from the Buncombe County Board of Commissioners must be obtained. ✓
- A site plan including security, discharge area, and street closures must accompany the application. ✓
- A street closure permit must be on file with City Engineering to close city streets. ✓
- A copy of the inventory that includes quantity, type, size, and ignition system utilized must be attached. ✓
- A list of previous shows shot and/or a copy of the ATF license. ✓

The permit fee includes the stand-by of a fire truck and crew during the fireworks discharge. If the applicant declines the stand-by fire engine, the applicant will be charged for suppression costs associated with any fire caused in connection with the fireworks as determined by the Asheville Fire Department at an additional fee of \$250.00 per hour or fraction thereof.

Standby Engine Declined (signature of applicant): \_\_\_\_\_

Applicant Signature: [Signature] President Date: MAY 15, 2013

Office Use

Application Complete ☐ Bond/Certificate of Insurance ☐  
Site approved including fallout zone ☐

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_



## OFFICE USE

Initial Application Date \_\_\_\_\_  
Application Completed \_\_\_\_\_

Application # \_\_\_\_\_

**CITY OF ASHEVILLE - OPERATIONAL FIRE PERMIT APPLICATION**  
RETURN COMPLETED APPLICATION WITH PLANS TO THE DEVELOPMENT SERVICES CENTER AT:  
161 S. CHARLOTTE ST. ASHEVILLE, NC 28801

Operational permits are required by the NC State Fire Prevention Code. The fire code official is authorized to issue operational permits for the operations set forth in Sections 105.6.1 through 105.6.47. Required fire code construction permits are reviewed and issued in cooperation with the City of Asheville Building Safety Department through a different application process.

## Indicate Permit Type (Circle):

Carnival & Fairs Explosives/Blasting Outdoor Fireworks Open Burning Open Flame Fire Performance Assembly Tent  
Fumigation & Thermal Insecticidal Fogging Indoor Pyrotechnics Fireworks Tent All other Tent/CanopyPermit Street Address: 290 MACON AVE, ASHEVILLE, NC PIN# \_\_\_\_\_Property Owner: THE GRACE PARK INN Address 290 MACON AVE  
City ASHEVILLE State NC Zip 28804 Phone# 828 252-2711 ext 4094  
DARIA MENDOPermit is to be issued to Business/Person Name: ATLANTA PYROTECHNICS INT'L, INC. / EDWIN ZIMMERMANMailing Address P.O. Box 4443 City MARIETTA State GA Zip 30061Phone# 770 919-8100 Fax# 770 919-8101 Cell Phone# 404 790-0700 Privilege License# \_\_\_\_\_Date & duration of activity FRI, JUL 5, 2013  
FRI, JUL 12, 2013 9:30 PM / APPROXIMATELY 12 MINUTESDescription of operation and/or activity applied for FIREWORKS DISPLAY SHOW (SAME AS JUL 7, 2012)

Request	Plans Submitted	Plans to be Submitted	Fire Code Permit Reference	Fees
<input type="checkbox"/> Fire Permit	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> Standby Firefighters or Fire Equipment				\$
			4 % Tech Fee	\$
			Total Fee	\$

Applicant Signature

Applicant Printed Name

ATLANTA PYROTECHNICS INT'L, INC.  
P.O. Box 4443Address  
MARIETTA, GA 30061-4443

City/State/Zip

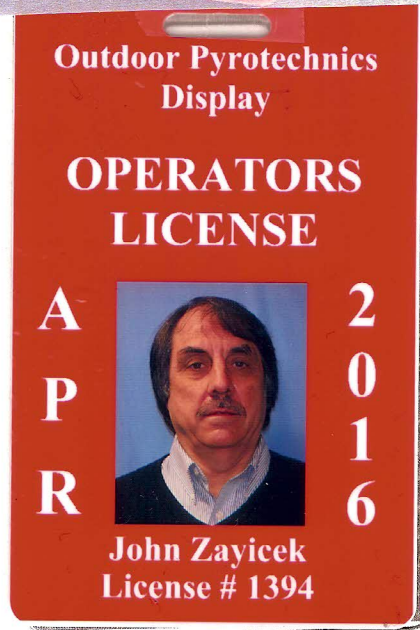
Phone#  
770 919-8100Pager# or Cell#  
404 790-0700Fax#  
770 919-8101

I hereby certify that all information in this application is correct and all work will comply with the State Fire Code and all other applicable State and local laws and ordinances and regulations. The Asheville Fire and Rescue Department will be notified of any changes in the approved permit and specifications for the activity described herein. Before a operational permit is approved, the fire code official is authorized to inspect the receptacles, vehicles, buildings, devices, premises, storage spaces or areas to be used to determine compliance with this code or any operational constraints required. I agree to allow all needed site inspections. Issued permits shall be kept on the premises designated therein at all times and shall be readily available for inspection by the fire code official. If the application for a permit describes a use that does not conform to the requirements of this code and other pertinent laws and ordinances, the fire code official shall not issue a permit, but shall return the application to the applicant with the refusal to issue such permit. Such refusal shall, when requested, be in writing and shall contain the reasons for refusal.

## OFFICE USE ONLY - Additional Documents Required if Checked

- ☐ PROPERTY OWNER'S HOLD-HARMLESS AGREEMENT ☐ WNC AIR QUALITY ☐ CERTIFICATE OF INSURANCE ☐ EMPLOYEE QUALIFICATIONS
- ☐ EMERGENCY PLAN ☐ NFPA 701 FLAME CERT ☐ COMMISSIONER'S APPROVAL ☐ INVENTORY OF MATERIALS ☐ PRE/POST-BLAST SURVEY
- ☐ COPY OF LAST FIRE INSPECTION ☐ MATERIAL SAFETY DATA SHEET ☐ SITE PLAN ☐ SHOT/SHOW LIST ☐ OTHER AS REQUIRED





ATLANTA PYROTECHNICS INT'L, INC.  
P.O. BOX 4443  
MARIETTA, GA 30061-4443

OFFICE 770 919-8100  
FAX 770-919-8101

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF      ATF - Chief, FELC  
Correspondence To      244 Needy Road  
                                 Martinsburg, WV 25405-9431

License/Permit  
Number

**1-GA-067-23-4M-12027**

Chief, Federal Explosives Licensing Center (FELC)

Expiration  
Date

**December 1, 2014**

Name

ATLANTA PYROTECHNICS INTERNATIONAL INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

**1744 WINGARD DR  
MARIETTA, GA 30062-0000**

Type of License or Permit

**23-IMPORTER OF EXPLOSIVES**

**Purchasing Certification Statement**

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

**ATLANTA PYROTECHNICS INTERNATIONAL INC  
PO BOX 4443  
MARIETTA, GA 30061-**

Licensee/Permittee Responsible Person Signature

Position/Title

Printed Name

Date

ATF Form 5400.14/5400.15 Part I  
Revised October 2011

Previous Edition is Obsolete

ATLANTA PYROTECHNICS INTERNATIONAL INC:1744 WINGARD DR:30062-1 GA-067-23-4M-12027:December 1, 2014:23-IMPORTER OF EXPLOSIVES